Columbia County REQUEST FOR PUBLIC RECORDS INFORMATION (As Provided for in O.C.G.A 50-18-70)

Please complete the following information and submit to the County Clerk.

(1)	Inc	lividual requesting information:					
,	a)	Name					
	b)	Address					
	c)	Phone				· · · · · · · · · · · · · · · · · · ·	
(2)	Na	me of departme	nt from which i	nformation is rec	quested:		
		Name					
(3)		Detailed descri	ption of public	records or acces	ss to records re	equested:	
(4)		Please Check One: I would like to review the documents/receive the copies within three business days of this request if the records are available; however, I understand that if the records cannot be produced within three business days, a timetable for their release will be provided to me; or I do not need the documents/access within three business days, but would like to review the documents/receive the copies by:					
		(Insert	desired timetab	le)			
(5)		I understand that, pursuant to O.C.G.A. 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request with no charge for the first fifteen minutes that it takes to respond to the request. The charge for copies is generally \$.25 per page unless otherwise provided by law. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request.					
		e following staff cords custodiar		associated with	n obtaining pub	lic records: (to be)
(1) (2)	•		rs of employee	thereafter, the ch time required to			
(3)		Other costs:					
(4)		Total Cost:					
		Cash receipt number:(attach receipt for funds received)					
		Applicant's Sig	nature			Date	
		County Employe	e Receiving Requ	uest/Computing C	ost	Date	_
		County Clerk				Date	_

Revised June 3, 2003

RequestForPublicInformation.wpd